M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01873

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Rosette (Middle) C. (Last) Barber

4. DATE OF DEATH (Month) 2 (Day) 8 (Year) 1950

5. SEX female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 9-18-1878
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Robert Stevens
14. MOTHER'S MAIDEN NAME Rose Fredrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Geo. H. Coates

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malignant Metastasis Brain

170X Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Breast

(c) Chronic Nephritis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 26, 1949, to Feb 8, 1950, that I last saw the deceased alive on Feb 7, 1950, and that death occurred at 2:30 a.m. from the causes and on the date stated above.

SIGNATURE Frank A. Carnalier (Degree or title) Md. ADDRESS Leonardtown Md DATE SIGNED 2/9/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 2/10/50 NAME OF CEMETERY OR CREMATORY St. Johns Cem. LOCATION (City, town, or county) Hollywood Md. (State)

DATE REC'D BY LOCAL REG. 2/9/50 REGISTRAR'S SIGNATURE Carnalier
24. FUNERAL DIRECTOR S. B. Robinson ADDRESS Leonardtown Md.

52086

RECEIVED
FEB 13 1950
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01874

CERTIFICATE OF DEATH

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St. Mary's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) 18 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Callaway
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Robert (Last) Bauserman

4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 1950

5. SEX M — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) — 8. DATE OF BIRTH Feb 1 1950 — 9. AGE last birthday ____ yrs. — If under 1 year: Months ____ Days ____ — If under 24 hrs.: Hours 18 Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Md — 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Oscar L. Bauserman — 14. MOTHER'S MAIDEN NAME Mary Ethel Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT Mary Ethel Bauserman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776 Immediate cause (a) Prematurity

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1950, to Feb 2, 1950, that I last saw the deceased alive on Feb 1, 1950, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Francis A. Canales MD — Leonardtown Md — 2/2/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 2/3/50 — NAME OF CEMETERY OR CREMATORY St. Aloysius — LOCATION (City, town, or county) Leonardtown — (State) Md

DATE REC'D BY LOCAL REG. 2/2/50 — REGISTRAR'S SIGNATURE Canales — 24. FUNERAL DIRECTOR P.B. Robertson — ADDRESS Leonardtown

2-0-2-04-0-25-3-31-X

VS. A15

RECEIVED
FEB 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01875

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY St. Mary's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Compton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Eugene (Middle) (Last) Branson

4. DATE OF DEATH: (Month) 2 (Day) 3 (Year) 1950

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 3/1/1896

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ed Branson

14. MOTHER'S MAIDEN NAME: Annie Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Della Branson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443	Immediate cause	(a) Congestive Heart Failure	1 Day
932	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Lexington Park, Md. DATE SIGNED 2/3/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 2-6-50 — NAME OF CEMETERY OR CREMATORY St. Joseph — LOCATION (City, town, or county) Morganza (State) Md.

DATE REC'D BY LOCAL REG. 2/7/50 — REGISTRAR'S SIGNATURE Camalier

24. FUNERAL DIRECTOR P.B. Robinson — ADDRESS Leonardtown, Md.

RECEIVED
FEB 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11876

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY St. Marys County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River, Md.
LENGTH OF STAY (in this place) 2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dispensary, U.S. Naval Air Station, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Arizona COUNTY Unknown
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tucson
STREET ADDRESS (If rural, give location) 132 East Delano Street.

3. NAME OF DECEASED (Type or Print) (First) Maurice (Middle) Jackson (Last) Curlin

4. DATE OF DEATH (Month) Feb. (Day) 10 (Year) 1950

5. SEX Male

6. COLOR OR RACE Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH 7 July 1924

9. AGE last birthday 25 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Aviation Radioman

10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy

11. BIRTHPLACE (State or foreign country) Texas

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Elmer J. Curlin

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) 8-18-41 to present.

16. SOCIAL SECURITY No. (Unknown)

17. INFORMANT AND ADDRESS U.S. Navy Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) HEMORRHAGE, TRAUMATIC, INTRAPERITONEAL — Interval between onset and death: 25 minutes

Antecedent cause(s) 819.5

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 170c

(b) Rupture, Traumatic, Liver. — 25 minutes

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE Accident

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Highway

(CITY OR TOWN) near Ridge, (COUNTY) St. Marys, (STATE) Maryland.

TIME OF INJURY (Month) Feb. (Day) 10 (Year) 1950 (Hour) 1205 A.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Automobile accident Collision with [illegible] truck.

22. I hereby certify that I attended the deceased from Not Attended., 19..., to ..., 19..., that I last saw the deceased alive on Dead on arrival 19..., and that death occurred at 1230 a.m., from the causes and on the date stated above.

SIGNATURE Paul Vaughan (Degree or title) ADDRESS

PAUL VAUGHAN, CAPT. MC USN. Dispensary, U.S. Naval Air Station, Patuxent River, Md.

DATE SIGNED 11 Feb 1950

23. BURIAL, CREMATION REMOVAL (Specify) Transportation DATE 2-13-50

NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Tucson, Arizona

DATE REC'D BY LOCAL REG. 2/13/50 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR O.B. Atkinson ADDRESS Leonardtown Md.

V8696

RECEIVED
FEB 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01877

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: ST. MARYS — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LEONARDTOWN
LENGTH OF STAY (In this place): 1 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ST. MARYS Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: ST. MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LEONARDTOWN (RURAL)
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Theodore (Middle) ROBERT (Last) Bailey

4. DATE OF DEATH: (Month) 2 (Day) 2 (Year) 1950

5. SEX: M

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: FEB 8, 1905

9. AGE last birthday: 44 yrs. — If under 1 year: Months 11, Days 23 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHEF

10b. KIND OF BUSINESS OR INDUSTRY: Boys School

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WALTER J BAILEY

14. MOTHER'S MAIDEN NAME: ELLA BLADEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.:

17. INFORMANT: LOU OBEATE BAILEY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334 Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 1 hour

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) ADDRESS: Leonardtown Md. DATE SIGNED: 2/2/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 2/5/50 — NAME OF CEMETERY OR CREMATORY: ST. MARYS — LOCATION (City, or town, or county) (State): VALLEY LEE Md.

DATE REC'D BY LOCAL REG.: 2-4-50 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Jos. C. MATTINGLEY — ADDRESS: LEONARDTOWN Md

520-41

RECEIVED
FEB 7 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01878

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Compton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Compton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	APPALONA	BUCKETT	2	6	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	NOV 11 - 1867	82 yrs.		27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	for self	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Grunwell	Thresa Hood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No	—	Jenny Pauline

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure

48 hr **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Influenza

3 days (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Nov, 1949, to Feb 6, 1950, that I last saw the deceased alive on Feb 4, 1950, and that death occurred at 2:40 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank A. Camalier	MD	Leonardtown, Md	2/6/50

23. BURIAL, CREMATION / ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 8-1950	St Francis Xavier	Compton	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/6/50	Camalier	Jas. L. Wathington	Leonardtown Md.

RECEIVED
FEB 8 1950
BUREAU V. S.

01879

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH· COUNTY St Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md. COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (in this place) all life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills
HOSPITAL OR INSTITUTION OR STREET ADDRESS County Alms House	STREET ADDRESS (If rural give location) Rural 2 miles East of Leonardt.
3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) (Last) Dyson	4. DATE OF DEATH (Month) Feb (Day) 16 (Year) 1950
5. SEX Male — 6. COLOR OR RACE Col — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH about 1889 Unknown — 9. AGE last birthday Abt 60 yrs. — If under 1 year Months — Days — If under 24 hrs. Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer — 10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) St Marys Co — 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. None	17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

490 × Immediate cause (a) Pneumonia (Double)

108 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) II Acute Tubular Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 7, 1949, to Feb 16 1950, that I last saw the deceased alive on Feb 15, 1950, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE C. F. Greenwell M.D. (Degree or title) — ADDRESS Leonardtown Md — DATE SIGNED Feb 17-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb 17-50	NAME OF CEMETERY OR CREMATORY Our Lady's Chapell	LOCATION (City, town, or county) near Leonardtown (State) Md
DATE REC'D BY LOCAL REG. 2/17/50	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Jos C. Mattingly	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

3/1/50

FEB 20 1950
BUREAU V. S.

01881

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAT. 35.05.9 Long 71.40.8
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Campbell
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Paul (Last) Fee
4. DATE OF DEATH (Month) Feb. (Day) 26 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ?
8. DATE OF BIRTH 3/23/24
9. AGE last birthday 25 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Navy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pa
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Tom W. Fee
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) Yes at present
16. SOCIAL SECURITY NO.
17. INFORMANT U-S Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Electric Shock

914.8 Antecedent cause(s)

193 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Ship
(CITY OR TOWN) USS. Franklin D. Roosevelt (COUNTY) Caribbean Sea (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 2/26/50 0050 m.
INJURY OCCURRED While at Work ☑ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE J. P. Dolson (Degree or title) Commander ADDRESS USS Franklin Roosevelt DATE SIGNED 2/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE 3/16/50 NAME OF CEMETERY OR CREMATORY Glen Campbell LOCATION (City, town, or county) Glen Campbell (State) Pa

DATE REC'D BY LOCAL REG. 3/15/50 REGISTRAR'S SIGNATURE Camalin
24. FUNERAL DIRECTOR P. B. N. Torrens ADDRESS Kennedy

60896

MARGIN RESERVED FOR BINDING

25. Certificate as correct to County Registrar by Frank A. Camalin correct age
Local Registrar.

VS. A16

I

T

CERTIFICATE OF DEATH

NAVMED-N (REVISED 1-1-49)

See M. M. D. for instructions regarding number of copies and submission

FROM U.S.S.Franklin D. Roosevelt (CVB-42)
(Ship or Station)

IF UNIDENTIFIED INDICATE BY USING "X" AND CONSECUTIVE NUMBER HERE

1. NAME	2. SEX		3. RACE		
	MALE	FEMALE	WHITE	NEGRO	OTHER (Specify)
FEE, Harry Paul	X				

4. STATUS						5. LENGTH OF SERVICE		6. AVIATION	
REGULAR ACTIVE	RESERVE ACTIVE	RETIRED	DEPENDENT	VAP	OTHER (Specify)	YEARS	MONTHS	YES	NO
X						8			X

7. FILE OR SERVICE NO.	8. RANK OR RATE	9. CORPS	10. BRANCH OF SERVICE	11. PLACE OF BIRTH (City)	(State or Country)
811 14 52	FP2		U.S.Navy	Glen Campbell	Penna.

12. DATE OF BIRTH (Month)	(Day)	(Year)	13. AGE (Years)	(Months)	(Days, if under 1 year)	14. RELIGION
3	23	24	25	11	4	Protestant

15. COLOR OF EYES	16. COLOR OF HAIR	17. COMPLEXION	18. HEIGHT	19. WEIGHT
Blue	Brown	Ruddy	73½	171

20. MARKS AND SCARS *(Noted in health record)*

ANT: VS Lt. Deltoid Region: S1" Rt.Knee: Tattoo Pig Rt.Instep.
Post: S½" Lt. Hand : S½" Rt. Index Finger.

21. FINGERPRINT

STATE WHICH FINGER *(Right index preferred)* Rt. Index

22. NEXT OF KIN OR FRIEND (Relation) (Name) (Address)

Father: William W. FEE Glen Campbell, Penna.

23. ADMITTED TO SICK LIST FROM *(If on active duty, last duty station before current admission to sick list)*	24. DATE ADMITTED TO SICK LIST (Month)	(Day)	(Year)
U.S.S. Franklin D. Roosevelt (CVB-42)	2	26	50

25. PLACE OF DEATH	26. TIME OF DEATH (Month)	(Day)	(Year)	(Hour)
42). Latitude 35.05.9 Longitude 71.40.8	2	26	50	0103

27. CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. *(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)*	(a) Electric shock #8708	Instant
	DUE TO (b)	
ANTECEDENT CAUSES. *(Morbid conditions, if any, giving rise to above cause (a), stating the underlying cause last.)*	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS. *(Conditions contributing to death but not related to the disease or condition causing death.)*		

28. DO NOT WRITE IN THIS SPACE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

16—57572-1

(Continued)

29. NAME

FEE, Harry Paul

30. SUMMARY OF FACTS RELATING TO DEATH:

1. Within Command. 2. Work. 3. Negligence not apparent. 4. While repairing a salt water line in a shaft alley using an electric welder, current approximately 440 volts with 30-40 amperes, water suddenly flushed through the line flooding the alley and short circuiting the welding machine. The deceased was electrocuted, approximate time of accident was 0050. BELLUS, Benjamin J. SN USN witnessed the accident and turned off the current. At 0053 the night duty corpsman arrived at the scene, found the deceased face down with his nasal orifices under three (3) inches of water flooding the compartment. He removed him to a dry area and instituted artificial respiration. At 0055, a Medical Officer arrived and examination revealed no cardiac action and marked cyanosis. Artificial respiration was carried on for 20 minutes with no response. Six (6) c.c. of Coramine was injected into the left ventricle with no response. Deceased pronounced dead at 0103, 2-26-50.

31. (*To be completed in the case of Active Duty Personnel only*)

DEATH is not (*Is or is not*) THE RESULT OF OWN MISCONDUCT, AND is (*Is or is not*) IN LINE OF DUTY.

32. KEY LETTER

"D"

33. DISPOSITION OF REMAINS

34.

DATE SIGNED 2-27-50 SIGNATURE J.P.Dobson, Commander (*Medical Officer*) _____ (*Rank*) (MC) USN

35.

APPROVED: COURT OF INQUIRY OR BOARD OF INVESTIGATION will not (*Will or will not*) BE HELD.

ADMINISTRATIVE REPORT will (*Will or will not*) BE SUBMITTED.

CERTIFIED TO BE A TRUE COPY:

~~DATE SIGNED~~ _____ SIGNATURE C.E.EKSTROM (*Commanding Officer*) Captain (*Rank*) USN

S.C.MARCUS LTJG USN, MSC

U. S. GOVERNMENT PRINTING OFFICE 16—57572-1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01880

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; LENGTH OF STAY (in this place) 4 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chaptico; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Lola (Middle) W (Last) Garner

4. DATE OF DEATH: (Month) Feb (Day) 7 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Sept 7, 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months 3 Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House keep

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George R. Garner

14. MOTHER'S MAIDEN NAME: Mary Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —; (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: Sparks Reeves

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — 331 +

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis - Hypertension — 83a

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2/4/50

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none — none

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 4, 1950, to Feb 7, 1950, that I last saw the deceased alive on Feb 7, 1950, and that death occurred at 2.40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Alayseus C Welch M.D Chaptico Maryland St Marys Co.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Feb 8 1950 | NAME OF CEMETERY OR CREMATORY Christ Church | LOCATION (City, town, or county) (State) Chaptico St Marys Md

DATE REC'D BY LOCAL REG. Feb 9/50 | REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS

Jos C. Mattingley Leonardtown Maryland

RECEIVED
FEB 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01882

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River, LENGTH OF STAY (in this place) 6 years, 11 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Air Station, Patuxent River, Md.	STREET ADDRESS (If rural, give location) 1809 Park Road, N.W.

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) Henry	(Last) Huffman	4. DATE OF DEATH	(Month) Feb.	(Day) 12	(Year) 1950
5. SEX Male	6. COLOR OR RACE Caucasian	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 7-12-1880	9. AGE last birthday 69 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer	10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy	11. BIRTHPLACE (State or foreign country) Harrisonburg, Virginia	12. CITIZEN OF WHAT COUNTRY? U.S				
13. FATHER'S NAME John William Huffman	14. MOTHER'S MAIDEN NAME Elisabeth Phillips						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No. 579-14-7877	17. INFORMANT AND ADDRESS Mr. Leslie M. Harmon (Nephew)					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	2 days
Antecedent cause(s)	(b) Coronary Artery Sclerosis	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Generalized Arteriosclerosis	1 week

420.1

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) None	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead when first seen, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Julian S. Lane	W	Julian S. Lane, Lexington Park, Md.	13 Feb. 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/16/50	Mt. Zion	Montgomery County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-13-50	Amanda Downey	The S. H. Hines Co	2901 14th St N.W. Washington D.C.
2-15-50	J. A. Cavalier Local Reg. # 282		

V5496

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
20 1950
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01883

Reg. Dist. No. ...

1. PLACE OF DEATH · COUNTY St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Scotland — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Scotland
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Lettie	(Middle) Barnes	(Last) Jamison	4. DATE OF DEATH	(Month) 2/ (Day) 27/ (Year) 1950
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 2, 1899	9. AGE last birthday 50 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME Major Barnes	14. MOTHER'S MAIDEN NAME Sophie Rustin				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY No. 577-34-7410	17. INFORMANT AND ADDRESS Herman Jamison, Scotland Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Thrombosis	1 hour
171 X Antecedent cause(s)			
48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Heart failure	2 mos.
	(c)	Metastatic Carcinoma Cervix	5 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1949, to Feb. 27, 1950, that I last saw the deceased alive on Feb. 21, 1950, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm H Patrick M.D. ADDRESS Lexington Park Md. DATE SIGNED 2-28-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3/2/50	NAME OF CEMETERY OR CREMATORY St. Lukes	LOCATION (City, town, or county) Scotland (State) Md.
DATE REC'D BY LOCAL REG. 3/1/50	REGISTRAR'S SIGNATURE Camalin	24. FUNERAL DIRECTOR P.B. Robinson	ADDRESS Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAR 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01884

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St. Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hermanville, Md. — LENGTH OF STAY (In this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS /

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hermanville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Jones

4. DATE OF DEATH: (Month) 2 (Day) 11 (Year) 1950

5. SEX: male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: 3-11-1910 | 9. AGE last birthday: 39 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Jones Sr. | 14. MOTHER'S MAIDEN NAME: Lucy Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service): | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Artie May Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	1 week.
422.2 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION: none | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none | (CITY OR TOWN) — | (COUNTY) — | (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) none m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John L. Lee (Degree or title) M.D. ADDRESS Leonardtown, Md. DATE SIGNED 2/11/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 2-15-50 | NAME OF CEMETERY OR CREMATORY Gion Fair Cem. | LOCATION (City, town, or county) Hermanville, Md. (State)

DATE REC'D BY LOCAL REG. 2/13/50 | REGISTRAR'S SIGNATURE Cancelled | 24. FUNERAL DIRECTOR H. B. Robinson, Leonardtown ADDRESS

98849

VS. A15A

RECEIVED
FEB 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01885

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beachville
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beachville Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) H. (Last) Medley

4. DATE OF DEATH (Month) 2 (Day) 6 (Year) 1950

5. SEX male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 1868
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Richard T. Medley
14. MOTHER'S MAIDEN NAME Rosie Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Henrietta J. Chisley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 day

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arterio-sclerosis.

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Julian J. Jones (Degree or title) M.D. ADDRESS Lexington Park. Md. DATE SIGNED 2/7/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-11-50
NAME OF CEMETERY OR CREMATORY Mt. Zion Cem.
LOCATION (City, town, or county) St. Inigoes, Md. (State)

DATE REC'D BY LOCAL REG. 2/9/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR S. B. Robinson, ADDRESS Leonardtown

454V2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 13 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01886

Reg. Dist. No. 2 1/2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: ST. MARYS — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LEONARDTOWN
LENGTH OF STAY (In this place): 10 hrs
HOSPITAL OR ~~INSTITUTION OR STREET ADDRESS~~: SAINT MARYS

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND — COUNTY: ST. MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DRAYDEN (RURAL)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	THEODORE	PURCELL	FEB	15	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	JAN 9 1913	37 yrs.		7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PAINTER	SELF	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES PURCELL	FLORA McKAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	—	GEORGE PURCELL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Thrombosis of Basilar Artery — Interval between onset and death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	none	none		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
none m.		none

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Helen L. [illegible]	M.D.	Lexington Park Md.	2/15/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2/17/50	ST. GEORGE	VALLEYLEE, ST. MARYS Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/15/50	[illegible]	JOS. C. MATTINGLEY	LEONARDTOWN Md.

340V9

VS. A15A

RECEIVED
FEB 17 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01887

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood R.D.1; LENGTH OF STAY (in this place) 38 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood R.D.#1; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	David	Raley	Feb	13	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Jan 30 1860	90 yrs.		13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farmer	Maryland St Marys	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John B. Raley	Jane Drury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Lawrence Raley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Apoplexy	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Sclerosis	
	(c) Age.	

334 / 83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 11, 1950, to Feb 13, 1950, that I last saw the deceased alive on Feb 13 1950 and that death occurred at 10:40 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Francis P Greenwell	M.D	Leonardtown Md	Feb 15-1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 16-1950	St Johns	Hollywood St Marys	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/15/50	[illegible]	Jos C. Mattingley	Leonardtown Md

RECEIVED
FEB 17 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01888

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 8 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood
STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print) (First) Linda (Middle) Jane (Last) Thompson
4. DATE OF DEATH (Month) Feb (Day) 4 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH June 6-1945
9. AGE last birthday 4 yrs. If under 1 year Months 7 Days 29 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland St. Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jones Thompson
14. MOTHER'S MAIDEN NAME Dorothy Dean
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Tell Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 2° + 3° burns — INTERVAL BETWEEN ONSET AND DEATH 1 day

916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

180 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Hollywood (COUNTY) St. Marys (STATE) Md.
TIME OF INJURY (Month) 2 (Day) 3 (Year) 50 (Hour) 12 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Stove fire burned house

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) Jane, M.D. ADDRESS Lexington Park Md. DATE SIGNED 2/4/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb 7 1950
NAME OF CEMETERY OR CREMATORY Church of Nazarene
LOCATION (City, town, or county) Holly Wood St Marys (State) Md
DATE REC'D BY LOCAL REG. 2/6/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS Leonardtown Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01889

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Park Hall
LENGTH OF STAY (in this place): 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Park Hall
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Irving	Francis	Truman	Feb	14	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	June 9-1899	50 yrs.	8	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Nevada	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Stephen Truman	Margaret Biel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes World War I		Heath Steele

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Complete Heart Block	2 yrs
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	arteriosclerosis	?
97 (c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Feb 25, 19 49, to Feb 13, 19 50, that I last saw the deceased alive on Feb 13, 19 50, and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm D Boyd	MD	Leonardtown	Feb 15, 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 16 1950	Holy Face	Great Mills St Marys	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/16/50	Canceled	Jas C. Mattingley	Leonardtown Md

OOOVV

RECEIVED
FEB 17 1950
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01890

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loveville
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loveville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) (Last) WENGER

4. DATE OF DEATH (Month) 2 (Day) 23 (Year) 1950

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH 10-7-1907

9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Wenger

14. MOTHER'S MAIDEN NAME Lidia Musser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Lidia Wenger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Occlusion	½ Hour
	Antecedent cause(s)		
94a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial pneumonia — one wk

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 16, 1950, to Feb 23, 1950 that I last saw the deceased alive on Feb 22, 1950, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

SIGNATURE Wm D Boyd MD (Degree or title) ADDRESS Leonardtown DATE SIGNED 2/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 2/26/50 NAME OF CEMETERY OR CREMATORY Stauffer Menonite LOCATION (City, town, or county) Loveville, Md. (State)

DATE REC'D BY LOCAL REG. 2/25/50 REGISTRAR'S SIGNATURE Cdmalus

24. FUNERAL DIRECTOR A B Robinson, Leonardtown, Md. ADDRESS

000W

RECEIVED
MAR 1 1950
BUREAU V. R.